FORM S1

SID | M | 8 | 4 | 0 | 8 | |

IN CONFIDENCE

1. SURVEY 4 9
   PSU
   BLOCK
   DWELLING
   HOUSEHOLD
   PERSON

AUSTRALIAN BUREAU OF STATISTICS

POPULATION SURVEY

AUGUST 1984

2. SEX
   Male 1
   Female 2

3. AGE
   YEARS

4. MARITAL STATUS
   Married 1
   Separated 2
   Divorced 3
   Widowed 4
   Never marrried 5

5. S.D. ONLY
   S.D. Institutionalised person *(No more questions)* 1
   S.D. Boarding school pupil *(No more questions)* 2
   S.D. Other 3

6. COUNTRY OF BIRTH
   Australia *(Go to Q.8)* 01
   U.K. and Ireland 02
   Italy 03
   Greece 04
   Yugoslavia 05
   Holland 06
   Germany 07
   New Zealand 08
   Other . . . . . .

7. YEAR OF ARRIVAL

8. SCHOOL ATTENDANCE
   (If age 15 to 20)
   Date of leaving school *(month and year)* month year
   Still attending 1111

9. PERSON TYPE
   Usual resident of P.D. *(Go to Q.11, complete Q.12 to Q.15 when editing)* 1
   Visitor to P.D. 2
   S.D. 3

10. WHAT IS THE POSTCODE OF THE SUBURB OR TOWN WHERE ..... USUALLY LIVES?

A. *If respondent knows postcode, enter in boxes below* 1
   If respondent does not know postcode, ask for:— 2
   Suburb .....
   City/Town .....
   State .....
   When editing, enter postcode in boxes below.
   Not known 3

B. Postcode

11. **I WOULD LIKE TO ASK YOU ABOUT THE WEEK STARTING MONDAY THE ..... AND ENDING LAST SUNDAY THE ..... THAT IS, LAST WEEK**

(Go to Q.17)

12. HOUSEHOLD TYPE
   1 *(Nothing further)* 1
   2 2
   3 3
   4 4
   5 5
   6 *(Complete Q.14)* 6
   7 *(Complete Q.14)* 7
   8 *(Complete Q.14)* 8
   9 *(Nothing further)* 9

13. Husband *(Complete Q.15)* . . 1
   Wife *(Nothing further)* . . 2
   Son/daughter *(Nothing further)* 3

14. Father/mother 1
   Son/daughter *(Nothing further)* 2

15. *If Household Type 2, 3 or 6 in Q.12, nothing further.*
   If Household Type 4, 5, 7 or 8 in Q.12, enter number of children aged 0 to 14 years

16. OFFICE USE ONLY
   Relationship . . . . A
   Family No. . . . . B
   Children 0-14 years . . C
   UR scope/coverage exclusion . . . . . D
   Incomplete H/H, L/U . . E
   Schedule, initial response . . F
   Schedule, final response . . G
   H

FORM S1

17. LAST WEEK, DID ..... DO ANY WORK AT ALL IN A JOB, BUSINESS OR FARM?
- Yes *(Go to Q.19)* 1
- No 2
- Permanently unable to work *(No more questions)* 3

18. LAST WEEK, DID ..... DO ANY WORK WITHOUT PAY IN A FAMILY BUSINESS?
- Yes 1
- No *(Go to Q.38)* 2

19. DID ..... HAVE MORE THAN ONE JOB LAST WEEK?
- Yes *(Go to Q.22)* 1
- No 2

20. WHAT KIND OF WORK DID ..... DO?

.....
.....
.....

21. *Go to Q.28*

22. WAS THAT BECAUSE ..... CHANGED JOBS DURING THE WEEK?
- Yes 1
- No *(Go to Q.25)* 2

23. WHAT KIND OF WORK DOES ..... DO NOW?

.....
.....
.....

24. *Go to Q.27*

25. WHAT KIND OF WORK DOES ..... DO IN EACH OF ..... JOBS?

Job 1: .....
.....
.....

Job 2: .....
.....
.....

26. IN WHICH JOB DOES ..... USUALLY WORK THE MOST HOURS?
- Job 1 in Q.25
- Job 2 in Q.25

27. I WOULD NOW LIKE TO ASK YOU ABOUT THAT JOB.

28. DID ..... WORK —
- FOR AN EMPLOYER FOR WAGES OR SALARY? *(Go to Q.30)* 1
- IN ..... OWN BUSINESS WITH EMPLOYEES? . . 2
- WITH NO EMPLOYEES? . . 3
- WITHOUT PAY IN A FAMILY BUSINESS? *(Go to Q.30)* 4
- WHAT ARE ..... WORKING ARRANGEMENTS?
  - Payment in kind *(Go to Q.30)* 5
  - Unpaid voluntary work *(Go to Q.62)* 6

29A. IS ..... BUSINESS A LIMITED LIABILITY COMPANY?
- Yes 1
- No 2

B. WHAT IS THE FULL NAME AND ADDRESS OF ..... BUSINESS?

.....
.....
.....

C. *Go to Q.31*

30. WHO DID ..... WORK FOR? (Name/Full address)

.....
.....
.....

31. WHAT KIND OF INDUSTRY, BUSINESS, OR SERVICE IS CARRIED OUT AT THAT ADDRESS?

.....
.....

32A. ON WHICH DAYS DID ..... WORK LAST WEEK (IN ALL JOBS)?

	Yes	No		Yes	No
MON	○	○	SAT	○	○
TUE	○	○	SUN	○	○
WED	○	○			
THU	○	○			
FRI	○	○			

B. DID ..... HAVE ANY TIME OFF FROM ..... JOB(S) ON THOSE DAYS? ○—○

C. DID ..... WORK ANY PAID OR UNPAID OVERTIME ON ANY DAY LAST WEEK?
- Yes 1
- No 2
- Other 3

D. HOW MANY HOURS DID ..... ACTUALLY WORK LAST WEEK (LESS THE TIME OFF) (BUT) (COUNTING THE OVERTIME)?
- 35 hours or more *(Go to Q.78)* . . . .
- 15-34 hours *(Go to Q.34)*
- 1-14 hours . . . . . .
- Less than 1 hour *(Go to Q.51)* 98
- No hours *(Go to Q.51)* . . 99

33. *Sequence Guide*
- *If worked "without pay in a family business" (i.e. code '4' in Q.28), go to Q.62* 1
- *Otherwise, go to Q.34* . . 2

34. IN (THAT JOB/THOSE JOBS) DOES ..... USUALLY WORK LESS THAN 35 HOURS A WEEK?
- Yes 1
- No *(Go to Q.36)* 2

35. WOULD ..... PREFER A JOB IN WHICH ..... WORKED MORE HOURS A WEEK?
- Yes *(Go to Q.61)* 1
- No *(Go to Q.78)* 2
- Don't know *(Go to Q.78)* . . 3

36. WHY DID ..... WORK LESS THAN 35 HOURS LAST WEEK?
- Own illness or injury 1
- Leave, holiday or flextime/ personal reasons 2
- Began job during week . . 3
- Left/lost job during week . . 4
- On strike/locked out 5
- Bad weather/breakdown . . 6
- Stood down/on short time/ insufficient work 7
- Shift work/standard work arrangements 8
- Other .....
  .....
  9

37. *Go to Q.78*

FORM S1

38. DID ..... HAVE A JOB, BUSINESS OR FARM THAT ..... WAS AWAY FROM BECAUSE OF HOLIDAYS, SICKNESS OR ANY OTHER REASON?
- Yes 1
- No *(Go to Q.62)* 2

39. DID ..... HAVE MORE THAN ONE JOB?
- Yes *(Go to Q.42)* 1
- No 2

40. WHAT KIND OF WORK DOES ..... DO?

.....
.....
.....

41. *Go to Q.45*

42. WHAT KIND OF WORK DOES ..... DO IN EACH OF ..... JOBS?

Job 1: .....
.....
.....

Job 2: .....
.....
.....

43. IN WHICH JOB DOES ..... USUALLY WORK THE MOST HOURS?
- Job 1 in Q.42
- Job 2 in Q.42

44. I WOULD NOW LIKE TO ASK YOU ABOUT THAT JOB.

45. WHO DOES ..... WORK FOR? (Name/Full address)

.....
.....
.....

46. WHAT KIND OF INDUSTRY, BUSINESS, OR SERVICE IS CARRIED OUT AT THAT ADDRESS?

.....
.....
.....

47. DOES ..... WORK —
- FOR AN EMPLOYER FOR WAGES OR SALARY? *(Go to Q.51)* 1
- IN ..... OWN BUSINESS WITH EMPLOYEES? . . 2
- WITH NO EMPLOYEES? . . 3
- WITHOUT PAY IN A FAMILY BUSINESS? *(Go to Q.62)* 4
- WHAT ARE ..... WORKING ARRANGEMENTS?
  - Payment in kind *(Go to Q.51)* 5
  - Unpaid voluntary work *(Go to Q.62)* 6

48. IS ..... BUSINESS A LIMITED LIABILITY COMPANY?
- Yes *(Go to Q.51)* 1
- No 2

49. WHY WAS ..... AWAY FROM WORK LAST WEEK?
- Own illness or injury 1
- Holiday/personal reasons . . 2
- No work available 3
- Bad weather/breakdown . . 4
- On strike/locked out 5
- Other .....
  6

50. *Go to Q.59*

51. WHY WAS ..... AWAY FROM WORK LAST WEEK?
- Own illness or injury 1
- Leave, holiday or flextime/ personal reasons *(Go to Q.57)* 2
- Bad weather/breakdown *(Go to Q.57)* 3
- Stood down *(Go to Q.54)* . . 4
- No work/insufficient work *(Go to Q.55)* 5
- On strike/locked out *(Go to Q.59)* 6
- Usually works less than 1 hour a week/began job/lost job *(Go to Q.62)* 7
- Other *(Go to Q.57)* .....
  .....
  8

52. WAS ..... ON WORKERS' COMPENSATION LAST WEEK?
- Yes 1
- No *(Go to Q.57)* 2

53. WILL ..... BE RETURNING TO WORK FOR ..... EMPLOYER?
- Yes *(Go to Q.59)* 1
- No *(Go to Q.62)* 2
- Don't know *(Go to Q.62)* . . 3

54. WHY WAS ..... STOOD DOWN?
- Bad weather/breakdown *(Go to Q.57)* 1
- Other 2

55. WAS ..... PAID OR WILL ..... BE PAID FOR ANY OF LAST WEEK?
- Yes *(Go to Q.59)* 1
- No 2

56. HOW LONG HAS ..... BEEN AWAY FROM WORK WITHOUT PAY?
- One week *(Go to Q.59)* . . 1
- Two weeks *(Go to Q.59)* . . 2
- Three weeks *(Go to Q.59)* . . 3
- Four weeks or more *(Go to Q.62)* 4

57. UP UNTIL THE END OF LAST WEEK, HOW LONG HAD ..... BEEN AWAY FROM WORK?
- Less than 4 weeks *(Go to Q.59)* 1
- 4 weeks or more 2

58. WAS ..... PAID OR WILL ..... BE PAID FOR ANY PART OF THE LAST FOUR WEEKS?
- Yes 1
- No *(Go to Q.62)* 2

59. HOW MANY HOURS A WEEK DOES ..... USUALLY WORK IN (ALL) ..... JOB(S)?
- 35 hours or more *(Go to Q.78)* 1
- 1-34 hours 2
- No hours *(Go to Q.62)* . . 3

60. WOULD ..... PREFER A JOB IN WHICH ..... WORKED MORE HOURS A WEEK?
- Yes 1
- No *(Go to Q.78)* 2
- Don't know *(Go to Q.78)* . . 3

61. AT ANY TIME DURING THE LAST 4 WEEKS HAS ..... BEEN LOOKING FOR FULL-TIME WORK?
- Yes *(Go to Q.64)* 1
- No *(Go to Q.78)* 2

FORM S1

62. AT ANY TIME DURING THE LAST 4 WEEKS HAS ..... BEEN LOOKING FOR FULL-TIME WORK?

Yes *(Go to Q.64)* 1
No 2

63. HAS ..... BEEN LOOKING FOR PART-TIME WORK AT ANY TIME DURING THE LAST 4 WEEKS?

Yes 1
No *(No more questions)* . . 2

64. AT ANY TIME IN THE LAST 4 WEEKS HAS .....

WRITTEN, PHONED OR APPLIED IN PERSON TO AN EMPLOYER FOR WORK? 01

ANSWERED A NEWSPAPER ADVERTISEMENT FOR A JOB? 02

LOOKED IN NEWSPAPERS?
Yes ○
No ○

CHECKED FACTORY OR COMMONWEALTH EMPLOYMENT SERVICE NOTICE BOARDS? 03

AT ANY TIME IN THE LAST 4 WEEKS HAS .....

BEEN REGISTERED WITH THE COMMONWEALTH EMPLOYMENT SERVICE? 04

CHECKED OR REGISTERED WITH ANY OTHER EMPLOYMENT AGENCY? 05

DONE ANYTHING ELSE TO FIND A JOB?

Advertised or tendered for work 06
Contacted friends/relatives . . 07
Other *(Go to Q.78)*
.....
.....
..... 08
Only looked in newspapers *(Go to Q.78)* 09
None of these *(Go to Q.78)* . . 10

65. *Sequence Guide*

. *If works and looking for full-time work (i.e. '1' in Q.61), go to Q.78* 1
. *Otherwise, go to Q.66* . . 2

66. IF ..... HAD FOUND A (PART-TIME) JOB COULD ..... HAVE STARTED WORK LAST WEEK?

Yes *(Go to Q.71)* 1
No 2
Don't know *(Go to Q.71)* . . 3

67. WHAT WERE THE REASONS ..... COULD NOT HAVE STARTED WORK LAST WEEK?

Own illness or injury 1
Going to school *(No more questions)*. . . . 2
Going to a tertiary institution *(No more questions)* 3
Personal reasons, family responsibilities *(No more questions)* 4
Waiting to start job *(Go to Q.69)* 5
Other *(No more questions)*
..... 6

68. UP UNTIL THE END OF LAST WEEK HOW LONG HAD ..... BEEN ILL?

Less than 4 weeks *(Go to Q.71)* 1
4 weeks or more *(No more questions)*. . . . 2

69. WHEN WILL ..... BE STARTING WORK IN THAT JOB?

Less than 4 weeks 1
4 weeks or more *(No more questions)*. . . . 2

70. IF THE JOB HAD BEEN AVAILABLE LAST WEEK, WOULD ..... HAVE STARTED THEN?

Yes 1
No *(No more questions)* . . 2

71. WHEN DID ..... BEGIN LOOKING FOR WORK?
.....
Less than 2 weeks 001
No. of weeks . .

72. HOW LONG AGO IS IT SINCE ..... LAST WORKED FULL-TIME FOR TWO WEEKS OR MORE?
.....
Under 2 years (no. of weeks)
2 years or more *(No more questions)* 104
Never worked *(No more questions)* 999

73. WHAT KIND OF WORK DID ..... DO?
.....
.....
.....
.....

74. WHO DID ..... WORK FOR? (Name/Full address)
.....
.....
.....

75. WHAT KIND OF INDUSTRY, BUSINESS OR SERVICE WAS CARRIED OUT AT THAT ADDRESS?
.....
.....
.....

76. DID ..... WORK —

FOR AN EMPLOYER FOR WAGES OR SALARY? *(No more questions)* 1
IN OWN BUSINESS — WITH EMPLOYEES? . . 2
WITH NO EMPLOYEES? . . 3
WITHOUT PAY IN A FAMILY BUSINESS? *(No more questions)* 4

WHAT WERE ..... WORKING ARRANGEMENTS?

Payment in kind *(No more questions)* 5
Unpaid voluntary work *(No more questions)* 6

77. WAS ..... BUSINESS A LIMITED LIABILITY COMPANY?

Yes *(No more questions)* . . 1
No *(No more questions)* . . 2

FORM S1

78. *Sequence Guide*

. *If wage or salary earner ('1' in Q.28 or Q.47) or limited liability company ('1' in Q.29A or Q.48), go to Q.79* 1
. *If '2' in Q.22, go to Q.85* . . 2
. *Otherwise, no more questions* 3

79. IN ..... JOB WITH *(Employer in Q.29B, Q.30 or Q.45)* HOW OFTEN IS ..... PAID?

Weekly *(Go to Q.80W)* . . 1
Fortnightly *(Go to Q.80F)* . . 2
Monthly *(Go to Q.80M)* . . 3
Other *(Go to Q.80W)*
.....
.....
..... 4

80W. *Interviewer: Show 'Weekly Pay' Yellow prompt card W.*

80F. *Interviewer: Show 'Fortnightly Pay' Green prompt card F.*

80M. *Interviewer: Show 'Monthly Pay' Pink prompt card M.*

IN WHICH OF THESE GROUPS WAS ..... LAST TOTAL (WEEKLY/FORTNIGHTLY/MONTHLY) PAY — BEFORE TAX, OR ANYTHING ELSE, WAS TAKEN OUT?

Interviewer: If 'Other' in Q.79, record weekly equivalent.

Group 01-15 *(Specify)* *(Go to Q.82)* . . . .
Group 16 16

81. HOW MUCH WAS ..... LAST PAY, BEFORE TAX OR ANYTHING ELSE WAS TAKEN OUT?

Interviewer: If 'Other' in Q.79, record weekly equivalent.

$

82. DID THAT PAY INCLUDE ANY PAID LEAVE OR OVERTIME?

Yes *(Go to Q.83A)* 1
No *(Go to Q.83B)* 2

83A. HOW MANY HOURS OF WORK, PAID LEAVE AND OVERTIME, DID THAT LAST (WEEKLY/FORTNIGHTLY/MONTHLY) PAY COVER?

83B. HOW MANY HOURS OF WORK DID THAT LAST (WEEKLY/FORTNIGHTLY/MONTHLY) PAY COVER?

Record full hours
On Workers' Comp . . 999

84. *Sequence Guide*

. *If '2' in Q.22, go to Q.85* . . 1
. *Otherwise, go to Q.90* . . 2

85. IN ..... SECOND JOB, DOES ..... WORK —

FOR AN EMPLOYER FOR WAGES OR SALARY? *(Go to Q.87)* 1
IN ..... OWN BUSINESS WITH EMPLOYEES? . . 2
WITH NO EMPLOYEES?. . 3
Anything else *(Go to Q.89)* . . 4

86. IS ..... BUSINESS A LIMITED LIABILITY COMPANY?

Yes *(Go to Q.87)* 1
No *(Go to Q.89)* 2

87. LAST WEEK HOW MANY HOURS DID ..... WORK IN ..... SECOND JOB?

Hours . . . . . .
No hours or less than 1 hour *(Go to Q.89)* 99

88. *Interviewer: Show 'Second Job' Blue prompt card.*

IN WHICH OF THESE GROUPS WAS ..... TOTAL PAY FOR THOSE *(Hours in Q.87)* HOURS, BEFORE TAX, OR ANYTHING ELSE, WAS TAKEN OUT?

Group . . . . . .

89. *Sequence Guide*

. *If '1' in Q.78, go to Q.90* . . 1
. *Otherwise, no more questions* 2

90. DOES *(Employer in Q.29B, Q.30 or Q.45)* PROVIDE ..... WITH PAID SICK LEAVE?

Yes 1
No 2

91. DOES THIS EMPLOYER PROVIDE ..... WITH PAID HOLIDAY LEAVE?

Yes 1
No *(Go to Q.94)* 2

92. HOW MANY WEEKS PAID HOLIDAY LEAVE DOES ..... EMPLOYER PROVIDE EACH YEAR?

4 weeks 04
Other *(Record full weeks)*

93. IF ..... DOES NOT TAKE ..... HOLIDAY LEAVE EACH YEAR, IS IT ADDED TO THE NUMBER OF WEEKS ..... CAN TAKE THE FOLLOWING YEAR?

Yes 1
No 2

94. DOES ..... EMPLOYER OR INDUSTRY PROVIDE LONG SERVICE LEAVE?

Yes 1
No 2
Don't know 3

FORM S1

95. DOES ..... BELONG TO ANY SUPERANNUATION OR RETIREMENT BENEFIT SCHEME?

- Yes 1
- No *(Go to Q.97)* 2
- Don't know *(Go to Q.97)* . . 3

96. IS THIS SCHEME ARRANGED OR PROVIDED BY ..... CURRENT EMPLOYER?

- Yes 1
- No 2

97. AS A RESULT OF WORKING FOR *(Employer in Q.29B, Q.30 or Q.45)* HAS ..... RECEIVED —

- ANY GOODS OR SERVICES FREE OR AT A REDUCED PRICE? 1
- ANY FREE OR DISCOUNTED HOLIDAYS OR HOLIDAY TRAVEL EXPENSES? *(Go to Q.100)* . . 2
- ANY LOW INTEREST FINANCE? *(Go to Q.102)* . . 3
- None of these *(Go to Q.104)* . . 4

98. WERE THESE PROVIDED BY ..... CURRENT EMPLOYER OR BY SOME OTHER SOURCE?

- Current employer 1
- Other source 2

99. AS A RESULT OF WORKING FOR *(Employer in Q.29B, Q.30 or Q.45)* HAS ..... RECEIVED —

- ANY FREE OR DISCOUNTED HOLIDAYS OR HOLIDAY TRAVEL EXPENSES? 1
- ANY LOW INTEREST FINANCE? *(Go to Q.102)* . . 2
- Neither of these *(Go to Q.104)* 3

100. WERE THESE PROVIDED BY ..... CURRENT EMPLOYER, OR BY SOME OTHER SOURCE?

- Current employer 1
- Other source 2

101. AS A RESULT OF WORKING FOR *(Employer in Q.29B, Q.30 or Q.45)* HAS ..... RECEIVED ANY LOW INTEREST FINANCE?

- Yes 1
- No *(Go to Q.104)* 2

102. WAS THIS FINANCE PROVIDED BY ..... CURRENT EMPLOYER OR BY SOME OTHER SOURCE?

- Current employer 1
- Other source 2

103. FOR WHAT PURPOSE DID ..... USE THIS FINANCE

- Purchase of/improvements to any housing/land . . *(a)* 1
- Purchase of motor vehicle *(b)* 2
- Other *(Specify)*

  .....

  .....

  ..... *(c)* 3

104. *Sequence Guide*

- *If SD, go to Q.115* 1
- *Otherwise, go to Q.105* . . . 2

105. IS THIS (HOUSE/FLAT/ETC.) OWNED OR BEING BOUGHT BY .....?

- Yes 1
- No *(Go to Q.107)* 2

106. DOES ..... EMPLOYER PAY OR SUBSIDISE ..... WATER, SEWERAGE OR LOCAL GOVERNMENT RATES?

- Yes *(Go to Q.110)* 1
- No *(Go to Q.110)* 2

107. IS THIS (HOUSE/FLAT/ETC.) OWNED OR PROVIDED BY ..... EMPLOYER?

- Yes 1
- No *(Go to Q.109)* 2

108. DOES ..... LIVE HERE AS AN EMPLOYEE ENTITLEMENT?

- Yes *(Go to Q.111)* 1
- No 2

109. DOES ..... EMPLOYER PAY OR SUBSIDISE ANY OF ..... RENT OR BOARD?

- Yes *(Go to Q.111)* 1
- No/Respondent doesn't pay rent or board 2

110. DOES ..... RECEIVE A HOUSING ALLOWANCE FROM ..... EMPLOYER?

- Yes 1
- No 2

111. DOES ..... EMPLOYER PAY OR SUBSIDISE ..... ELECTRICITY, GAS OR OIL EXPENSES?

- Yes 1
- No 2

112. DOES ..... HAVE A HOME TELEPHONE?

- Yes 1
- No *(Go to Q.115)* 2

113. DOES ..... EMPLOYER PAY OR SUBSIDISE ..... HOME TELEPHONE RENT?

- Yes *(Go to Q.115)* 1
- No 2

114. ARE ANY OF THE PRIVATE CALLS MADE FROM ..... HOME TELEPHONE PAID OR SUBSIDISED BY ..... EMPLOYER?

- Yes 1
- No 2

115. DOES ..... EMPLOYER PROVIDE ..... WITH A VEHICLE WHICH ..... USES FOR PRIVATE PURPOSES?

- Yes 1
- No *(Go to Q.117)* 2

116. IS THIS PRIVATE USE RESTRICTED TO TRAVEL TO AND FROM WORK?

- Yes 1
- No 2

FORM S1

117. DOES ..... EMPLOYER ASSIST ..... WITH ..... PRIVATE DAY-TO-DAY TRANSPORT COSTS IN ANY (OTHER) WAY?

- Yes 1
- No *(Go to Q.119)* 2

118. IS THIS ASSISTANCE RESTRICTED TO TRAVEL TO AND FROM WORK?

- Yes 1
- No 2

119. DOES ..... EMPLOYER PAY OR SUBSIDISE .....

- MEDICAL OR HOSPITAL EXPENSES OR FUND CONTRIBUTIONS? . . *(a)* 1
- UNION FEES OR PROFESSIONAL ASSOCIATION FEES? . . *(b)* 2
- MEMBERSHIP OF CLUBS OR SOCIETIES? *(c)* 3
- CHILDREN'S EDUCATION EXPENSES? . . . . *(d)* 4
- None of these . . . . *(e)* 5

120. DOES ..... RECEIVE AN ENTERTAINMENT ALLOWANCE FROM ..... EMPLOYER?

- Yes 1
- No 2

121. HAS ..... EVER OWNED SHARES, RIGHTS OR OPTIONS IN *(Employer in Q.29B, Q.30 or Q.45)*?

- Yes 1
- No/Not applicable *(Go to Q.123)* 2

122. DID ..... RECEIVE ANY OF THESE SHARES, RIGHTS OR OPTIONS AS AN EMPLOYEE ENTITLEMENT?

- Yes 1
- No 2

123. *Sequence Guide*

- *If still attending school ('1111' in Q.8), no more questions* . . 1
- *Otherwise, go to Q.124* . . 2

124. IS ..... CURRENTLY TAKING ANY COURSE OF STUDY AT A TECHNICAL COLLEGE, UNIVERSITY, OR OTHER EDUCATIONAL INSTITUTION?

- Yes 1
- No *(No more questions)* . . 2

125. IS IT A CONDITION OF ..... EMPLOYMENT THAT..... DOES THIS STUDY?

- Yes *(No more questions)* . . 1
- No 2

126. DOES ..... EMPLOYER ALLOW ..... ANY TIME AWAY FROM WORK TO ATTEND THIS COURSE?

- Yes 1
- No *(No more questions)* . . 2

127. IS ..... REQUIRED TO MAKE UP ALL OF THE TIME ..... IS AWAY FROM WORK?

- Yes *(No more questions)* . . 1
- No 2

128. IS ANY OF THE TIME OFF ON FULL PAY OR PART PAY?

- Yes 1
- No 2

129. OFFICE USE ONLY

- Sector Code

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